

The Mayor of Southwark’s Common Good Trust

[Registered Charity No. 280011]



A) On whose behalf is this application made? Who would benefit?

Name of the individual or family members – with dates of birth and gender.

<u>Name</u>	<u>Relationship to Adult</u>	<u>Date of Birth</u>	<u>Male/Female</u>
Adult:			
Adult:			
Child:			
Child:			
Child:			

Living at which Southwark address?

***Direct telephone no.** _____

If you are applying direct for you or your family, trustees may decide to make a home visit. The visit will be arranged by telephone contact, so giving your phone no. above is important.*

B) If you are sponsoring a possible beneficiary, and not yourself:

i. Name of your organisation: _____

Address: _____

Telephone no. _____

ii. Your own name and job title (e.g. “John Smith, Social Worker”) + your direct tel. no.

If your address is different from your organisation’s, please quote yours also:

A sponsor completing (B) must be aware that we expect them to have checked and verified any statement made hereon concerning a need, a lack, or quoted sum of money. Such checks must have been made over and above a beneficiary’s statement by monitoring replacement costs and needs in situ.

C) What is being requested of the Trust? (Perhaps an article/house item/white goods?) Or is a grant being sought for a specific purpose? The fullest possible details must be given.

D) i. Why the request for the item/grant?

Please explain in full why this request is being made to the Trust.

ii. Does a medical condition contribute to the need? If so, details given here need to be supported by written evidence from a GP, Consultant, Hospital Group, Care Manager, etc.

E) How much money do you currently (a) receive and (b) spend, in total each month? Please state how much of your income comes from state benefits*, pension, paid work, or other sources such as friends or family. Please also state how much you spend on rent, food, bills, and other items each month. Please enclose written evidence of any state benefits or pension e.g. a copy of a recent letter from DWP, local authority or other relevant government body.

*Benefits may include Universal Credit, Income Support, Jobseeker’s Allowance, Employment and Support Allowance, support under Part IV of the immigration & Asylum Act 1999, Disability Living Allowance, Carer’s Allowance, Child Benefit, Working and Child Tax Credits, Child Trust Funds, support with childcare, Surestart maternity grants, heating and housing payments and other benefits.

F) Is a Current request being made to other groups to assist the beneficiary similarly to what is now being asked of this Trust? Please state the name of the group, and their response e.g. application refused / successful / awaiting reply.

G) Has an application for assistance for the beneficiary ever been made to this Charity before, even if the home address differed from the present address?

Yes No

i. If YES, what was the former address?

ii. What assistance was requested?

iii. Did the Trust give any assistance?

Yes No

If YES, when was this, and what was provided?

Be assured – any information given on this application form is kept strictly confidential – confidentiality will continue to be observed by the Trust Secretary.

If successful, we expect you to write to the Secretary acknowledging receipt of the item/grant. If no such acknowledgement is received, then it may be unlikely for a future application to be considered.

Signature:..... Date:.....

If you are concerned that this application may affect your benefits entitlement, please check with the relevant agency before submitting this form.

When fully completed, return the dated form to: **mscgtrust@gmail.com**

Mayor of Southwark’s Common Good Trust, Southwark Council, PO BOX 64529, London SE1 5XL

